and the muscular spasm so extreme, particularly in children, that it is impossible to obtain even a momentary glance of the eye. Under these circumstances, if other symptoms seem to indicate the necessity for an examination, it is desirable that chloroform should be administered, just to such an extent as will permit a satisfactory inspection of the eye.

It would be premature at the present stage of these lectures to enter into any details as regards the various remedies used in ophthalmic diseases. I merely propose now to give very briefly to classify them. The primary division may be made into local and constitutional. The local remedies may be arranged under the following heads:—1. Cold, or such as have the simple object of abstracting heat, and thus reducing the temperature of the eye. 2. Astringents and stimulants, as lotions composed of weak solutions of lead, alum, zinc, copper, &c. 4. Caustic, as solutions of the nitrate of silver. 5. Opiate or soothing: this may be combined with stimulants, as in the use of the wine of opium, or with warmth, as in the poppy fomentation. 3. Derivatives, either by local abstraction of blood by leeches or cupping, counter-irritation of a mild and temporary character by means of mustard plasters or a stimulating linament, or of a more severe and permanent kind by means of blisters, issues, and tartar-emetic ointment. It may be noticed that the opthalmic surgeon possesses only such simple remedial means as the operation of vitreous surgery, use of various remedies wherever it may be seated. His success depends, not upon possessing any new or unusual materials to work with, but upon his consciousness that each of the means above enumerated is exactly adapted to some particular form of stage of eye disease, and that it will be well to wait in the early stages of injurious ocular states until some more efficacious means in priority lies not in any extra summation, but in the greater accuracy of his aim.

As regards constitutional remedies, I will merely at present remark that we must always bear in mind that the eye is but a part of a complete system, and that it sympathizes closely with the general derangements of that system, and therefore that all the more potent and useful agents of our materia medica may be employed in the eye. The branch of pathology, when constitutional derangement indicates their employment. In describing the various diseases of the eye, I shall adopt the anatomical classification as the one that seems to me the most reasonable, and the most lucid for the purposes of teaching. I am aware that it may be objected that diseases of the eye are rarely limited to their original seat, but involve contiguous tissues; still this is not invariably the case, and when it is so, there is ample evidence that each tissue has its own peculiar forms of disease and its own special symptoms, and only involves other tissues secondarily and in a minor degree. In adopting this plan I know that I am at issue with a very high authority, Dr. Jacob, of Dublin, who has long been the first in the subject of pathology, when constitutional derangement indicates their employment. This view is supported in his work with much power and eloquence; but though it may be so studied by one who is already familiar with eye disease, it renders the subject far more complicated to a student. The first group of diseases that I propose to consider are those that commence in the conjunctival membrane. I shall proceed with in my next lecture.

TREATMENT OF CHOLERA WITH SUGAR.

By J. INNIS MACKINTOSH, M.D. Edin.,
MEDICAL OFFICER OF ST. OLAVE'S UNION, SOUTHWARK.

The treatment of cholera, since its first appearance in this and other countries, has been attended with such unsatisfactory results, that no remedy or mode of treatment that has hitherto been resorted to has been sufficiently successful to obtain the entire confidence of the profession. The case is the result of the best and most careful examination that could be obtained, and has considered the entire globe as being involved in diseased action. This view is supported in his work with much power and eloquence; but though it may be so studied by one who is already familiar with eye disease, it renders the subject far more complicated to a student. The first group of diseases that I propose to consider are those that commence in the conjunctival membrane. I shall proceed with in my next lecture.

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which generally took place in from twenty-four to forty-eight hours. The purging generally ceased within one or two hours at farthest after the first dose. The vomiting also ceased after a short time, but this, I apprehend, was due more to the large draughts of water being prohibited, which the patient constantly craved after. Urine was made in large quantity several hours after reaction. Some of the patients, after the first day, drank nothing, and for several hours, or, indeed, for a long time, there was not the least constitutional disturbance, but at the expiration of that time, (he being still under the most rigid antiphlogistic discipline,) the pulse suddenly rose to 135, the tongue became moulded, and the constipation anxious; the knee was very much enlarged, exquisitely tender, and discharged large quantities of synovia. I ordered two dozen leeches to be applied, hot fomentations, and to take calomel and opium every four hours. In the course of a few days the constitutional disturbance gradually subsisted, but the size of the knee remained unaltered; the joint continued to流传 to a considerable extent, and the discharge of synovia still continued very profuse. In about ten days more he was attacked with a violent rigor in the night, and the whole train of inflammatory symptoms returned with renewed force, but in the course of five days they gave way, but only again to be renewed at the lapse of a week, and thus the case progressed for upwards of two months, when the wound commenced for the first time to wear a more healthy aspect, and the tenderness to subside, and in fifteen weeks from the infliction of the injury it was perfectly cicatrized. The motion of the joint was at first very limited, but as time wore on it obtained greater mobility, and I have now the satisfaction to think, on reading over the description of symptoms for each individual disease, or groups of affections, that, with such distinct and clear delineations, it will be a comparatively easy matter to recognise disease and treat it. But those who may have committed this error should recollect that almost every prominent, as to engage exclusive attention, the principal com

**A CASE OF INCISION INTO THE KNEE-JOINT, AND RECOVERY WITHOUT ANCHYLOSIS.**

By ROBERT B. JORDISON, Esq., M.E.C.S., L.S.A.

A case of incision into the knee-joint has been published by Mr. Webb, from the Staffordshire General Infirmary, in the "Lancet," October 21, 1853, p. 925, where he says—"We have often had occasion to regret that country surgeons, who might add from their note-books so many records of successful cases illustrative of the efficiency of the art of surgery, might be induced to suppress the details of their operations for fear of attracting the attention of the public. Yet, if we are to go on in the true and rightful interests of medical science, which can never assume its place until it has accumulated from such sources stores of information upon many points on which we are still far from certain proof," has induced me to forward you for insertion in the "Lancet" an interesting case of incision into the knee-joint, which came under my observation last summer, and which terminated favourably without anchylosis, thus illustrating the curative powers of Nature, in a more forcible degree than the instructive case reported by Mr. Webb, from the Staffordshire General Infirmary, in the "Lancet," of Aug. 6, 1853, p. 117, which terminated in partial anchylosis.

George G. — aged twenty years, an agricultural labourer, of strumous habit, whilst in the act of mowing came in contact with the scythe of his fellow-labourer. Immediately after the accident, he was conveyed in a cart to my surgery, when, on examination, I found an incised wound of about five inches in length, extending transversely across the anterior part of the thigh immediately above the superior edge of the patella. The haemorrhage, which had been considerable, had in a great measure subsided. On introducing my finger into the wound to remove the clots of coagulated blood, I found a mass of synovia, which was discharging from the joint, the aperture into which was to the extent of about an inch. I lost no time in closing the wound, which I did by a number of sutures covering the entire wound with numerous strips of adhesive plaster, and encasing the whole in oil skin, so as to exclude the air as much as possible. I then placed the leg and thigh upon a long, straight splint, and had him conveyed home. In the course of two days he suffered excruciating pain, which I successfully combated with large doses of opium, combined with small doses of calomel. I allowed the dressings to remain undisturbed for several days, when I found that the wound had become healthy, and for about six hours he suffered excruciating pain, which I successfully combated with large doses of opium, combined with small doses of calomel. I allowed the dressings to remain undisturbed for several days, when I found that the wound had become healthy, and felt that no further treatment was necessary. I then ordered three dozen leeches to be applied, hot fomentations, and to take calomel and opium every four hours. In the course of a few days the constitutional disturbance gradually subsisted, but the size of the knee remained unaltered; the joint continued to transmit a considerable extent, and the discharge of synovia still continued very profuse. In about ten days more he was attacked with a violent rigor in the night, and the whole train of inflammatory symptoms returned with renewed force, but in the course of five days they gave way, but only again to be renewed at the lapse of a week, and thus the case progressed for upwards of two months, when the wound commenced for the first time to wear a more healthy aspect, and the tenderness to subside, and in fifteen weeks from the infliction of the injury it was perfectly cicatrized. The motion of the joint was at first very limited, but as time wore on it obtained greater mobility, and I have now the satisfaction to think, on reading over the description of symptoms for each individual disease, or groups of affections, that, with such distinct and clear delineations, it will be a comparatively easy matter to recognise disease and treat it. But those who may have committed this error should recollect that almost every

**A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.**


**KING'S COLLEGE HOSPITAL.**

Tubercular Peritonitis: Death; Autopsy.

(Excerpted from "The Lancet" under the care of Dr. Todd.)

Cases are now and then seen in the wards of our hospitals, which very forcibly tend to show how incomplete must necessarily be nosological arrangements, and how useless it is to attempt the practice of the healing art without a fair amount of discrimination, judgment, and caution. Beginners are apt to think, on reading over the description of symptoms for each individual disease, or groups of affections, that, with such distinct and clear delineations, it will be a comparatively easy matter to recognise disease and treat it. But those who may have committed this error should recollect that almost every case presents peculiar features; these being the result of the modifications imprinted upon the usual symptoms of the complaint by the temperament, habits, previous diseases, sex, age, &c. &c., of the patient. It is especially with women that the recognised characters of well-known morbid states are apt to be so altered, masked, and modified, that the most experienced eye fails to discover the actual pathological changes which are going on in the patient.

Nor is this all; but certain symptoms of minor importance are now and then in some degree exaggerated, and rendered so prominent, as to engage exclusive attention, the principal complaint remaining all this time more or less unnoticed. Take, for instance, vomiting in tubercular peritonitis; it is stated that this symptom may or may not occur in this affection according as the peritoneum covering the stomach is affected or not. It will be seen by the following case that vomiting may form, in tubercular peritonitis, a prominent and all-covering symptom, and in fact hasten the fatal termination. So also may protracted vomiting destroy pregnant women by